CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 NAY 30 AM 8: 48

1. The name of the limited liab	ility company is:	SEMI I HE SIME	
No Dust R US LLC.		Sint out to still	
2. The complete street and ma 2147 pinewood place, idaho fal	•	designated office:	
(Street Address)			
(Mailing Address, if different than street	address)		
3. The name and complete str	,	d agent:	
Alicia Ruiz	2147 pinewood place	2147 pinewood place, idaho falls, idaho, 83401	
(Name)	(Street Address)		
 The name and address of a company: Name	t least one member or mana	nger of the limited liability Address	
Alicia Ruiz	2147 pinewood place	,idaho falls, idaho,83401	
 Mailing address for future of 2147 pinewood place, idaho fall 	• • • • • • • • • • • • • • • • • • • •	rt notices):	
6. Future effective date of filing	g (optional): n/a		
Signature of a manager, men	nber or authorized		
		Secretary of State use only	
Signature Alicia Ruiz Syped Name: Alicia Ruiz	<u> </u>		
Signature			
Typed Name:		IDAHO SECRETARY OF STATE 95/30/2013 95:00 CK: 14710828934 CT: 283707 BH: 137	